### THRIFT SAVINGS PLAN
CERTIFICATION OF TRANSFER OF FUNDS AND JOURNAL VOUCHER FOR EARNINGS ADJUSTMENT

## I. IDENTIFICATION

<table>
<thead>
<tr>
<th>To: TSP Agency Technical Services</th>
<th>1. From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfax Post Office</td>
<td></td>
</tr>
<tr>
<td>ATS – P.O. Box 4570</td>
<td></td>
</tr>
<tr>
<td>Fairfax, VA 22038-9998</td>
<td></td>
</tr>
<tr>
<td>Telephone: (888) 802-0179</td>
<td></td>
</tr>
<tr>
<td>Fax Number: (703) 788-2936</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Payroll Office Number        |
| 3. Journal Voucher Report Number|
| 4. Submission Date (mm/dd/yyyy) |
| 5. Type of Media                |
| [ ] Electronic Submission       |
| [ ] Disk                       |

## II. TYPE OF ADJUSTMENT

6. Check one:
   - [ ] FERCCA Adjustment
   - [ ] Miscellaneous Earnings Adjustment

## III. NUMBER OF RECORDS SUBMITTED

7. ____________

## IV. ADJUSTMENTS BY CONTRIBUTION SOURCE

<table>
<thead>
<tr>
<th>Total Earnings Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Employee Contributions</td>
</tr>
<tr>
<td>9. Agency Automatic (1%) Contributions</td>
</tr>
<tr>
<td>10. Agency Matching Contributions</td>
</tr>
<tr>
<td>11. Total</td>
</tr>
</tbody>
</table>

## V. CERTIFICATION

I certify that prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law and TSP procedures and that the amount in Block 11 is available to be credited to the TSP receipt account.

12. ____________________________________________________________________
    Typed or Printed Name of Authorized Administrative or Certifying Officer

13. (____________) ___________________________
    Telephone (Area Code and Number)

14. ____________________________________________________________________
    Signature of Authorized Administrative or Certifying Officer

15. (____________) ___________________________
    Telex (Area Code and Number)

16. ____________________________________________________________________
    Date Certified

*Reproduce Locally*
INSTRUCTIONS  Mail completed form and diskette, if applicable, to the address on the front of the form.

IDENTIFICATION  
1. From. Enter the address of the sender. Include the payroll office name, address, and Zip Code.
2. Payroll Office Number. Enter the 8-position assigned payroll office number in XX-XX-XXXX format.
3. Journal Voucher Report Number. Enter the 6-position report number. The first two positions represent the calendar year of the reporting pay period. The last three positions represent a sequential number beginning with 001. This number will serve as a control over receipt of the reports.
4. Submission Date. Enter date in mm/dd/yyyy format.
5. Type of Media. The Web-based data submission application or the PC program must be used for the submission.

TYPE OF ADJUSTMENT  
6. Check one. Check whether the records being submitted contain earnings adjustments made pursuant to FERCCA or whether the earnings adjustments are made otherwise. Only one type of adjustment may be submitted per journal voucher.

NUMBER OF RECORDS SUBMITTED  
7. Enter the total number of records submitted.

ADJUSTMENTS BY CONTRIBUTION SOURCE  
8. Employee Contributions. Enter the total earnings adjustments for employee contributions.
9. Agency Automatic (1%) Contributions. Enter the total earnings adjustments for agency automatic (1%) contributions.
10. Agency Matching Contributions. Enter the total earnings adjustments for agency matching contributions.
11. Total. Enter the total of all earnings adjustments.

CERTIFICATION  
12. Typed Name of Authorized Administrative or Certifying Officer. Type or print the name of the official who is responsible for the accuracy of this voucher and the data that it transmits.
13. Telephone Number. Enter the telephone number of the certifying officer, including area code.
14. Signature of Authorized Administrative or Certifying Officer. Signature of person named in Item 12.
15. Telefax Number. Enter the commercial telefax number of the certifying officer, including area code.
16. Date Certified. Enter the date the document is signed.